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Details:

(FORM UPDATED: 07/12/2010)

**WISCONSIN STATE LEGISLATURE ...  
PUBLIC HEARING - COMMITTEE RECORDS**

**2007-08**

(session year)

**Assembly**

(Assembly, Senate or Joint)

**Committee on ... Public Health  
(AC-PH)**

**COMMITTEE NOTICES ...**

- Committee Reports ... **CR**
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**INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL**

- Appointments ... **Appt**
- Clearinghouse Rules ... **CRule**
- Hearing Records ... bills and resolutions  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                      (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

February 27, 2008

Dear Honorable Members of the WI Assembly Committee on Public Health:

Thank you for this opportunity to give testimony about the value of a consistent, comprehensive smoke-free air public policy for our state. I am here today as a local Community Tobacco-Free Coalition Coordinator and, I think even more importantly, as a Mother.

Having a consistent, comprehensive smoke-free air policy for all workplaces would guarantee that **all** Wisconsin workers would breathe clean indoor air at their places of employment regardless of their level of pay. As a mother of two sons who are full-time college students in the University of Wisconsin system, they struggle to pay for their education while working a variety of entry level, low paying jobs. Recently, my son who is 21 years old considered taking a job at his favorite east side of Milwaukee watering hole. Since the City of Milwaukee has no protections against smoking in bars, this job would mean my son would be checking identification at the door for 8 hours a shift while breathing in patrons' secondhand smoke. The job offered him by this bar owner would be a substantial increase in pay compared to his other jobs. But, as a mother I cannot condone his taking this job regardless of any increase in "hazard pay" it might bring him. Believe me, my son has visited numerous Madison bars with his UW-Madison friends, waiting in lines to actually frequent the city-wide smoke-free establishments that are packed with smokers and non-smokers alike who can enjoy an adult beverage without smoking a cigarette indoors.

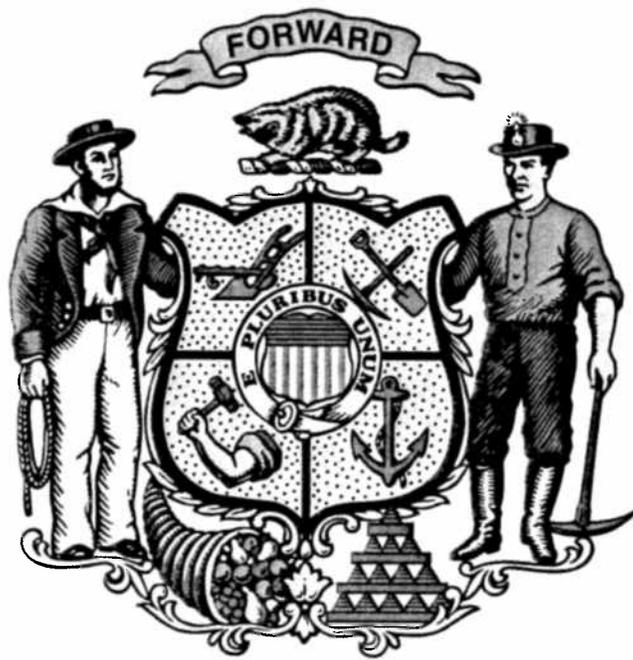
Today in Wisconsin, the fastest growing group of "new smokers" is in the age range 18 – 24 years old. This is a relatively new phenomenon. I have been working in tobacco control for 8 years, and when I started we used to tell our students that "90% of current adult smokers in Wisconsin started smoking before the age of 18. If you haven't started before 18, you won't ever start to smoke." This is no longer true. I like to think that through the Wisconsin Tobacco Prevention and Control Program we have curbed youth smoking with great educational and advocacy programs, and limited youth access to purchasing tobacco. But, haven't we "won the battle but lost the war" if growing numbers of young adults are starting this lifelong addiction to tobacco? The 18 – 24 year old age range is a time of transition, with these young adults most likely to be working in service industry jobs where smoking exposure is rampant due to patchwork smoking regulations.

It is undeniable that a sector of those in the 18 – 24 year old range are a big part of the "bar culture" in Wisconsin. The Tobacco Industry has infiltrated our college campus bars. Removing smoking and secondhand exposure from bars and all workplaces in Wisconsin will send a very strong message to this next generation that our Elected Leaders care about the health of all of Wisconsin citizens – regardless of income level or age.

Most Sincerely,

Sue Marten

2433 Dove Ct., Cedarburg, WI 53012 [smartenlsw@wi.rr.com](mailto:smartenlsw@wi.rr.com)



## Testimony of State Representative Steve Wieckert

### Assembly Bill 834 – Smoke-free Wisconsin *Assembly Committee on Public Health* *417 North (GAR Hall) – February 27, 2008*

Good afternoon Chairman Hines and committee members. I want to thank you for holding a hearing and allowing me to testify in support of Assembly Bill 834, the Smoke-free Wisconsin Bill.

I believe that this is truly a landmark piece of legislation for the state of Wisconsin in helping to keep our citizens healthier, reduce health care costs, create a level playing field for all businesses throughout the state, and allowing all of the people in Wisconsin to work and associate in public places in a smoke free environment.

I am the State Representative whose district includes most of Appleton. In April 2005, there was a voter referendum to determine whether Appleton should go smoke free. The referendum passed with over 55% of the vote. Then, some people in Appleton believed that the new requirements of smoke free workplaces were too strict. Twice smoking advocates for bars and restaurants created additional referendums to allow smoking in some public places. Both times, these efforts were voted down. In November 2006, the third referendum in favor of smoke free workplaces passed by over 57%, with the largest number of voters ever supporting it.

Many people really appreciate Appleton's smoke free public environment. Appleton's smoking ban, for the most part, works well. The one concern I do have is for restaurants and entertainment businesses that lose customers, as in some cases people walk across the street to another municipality, which causes Appleton companies to lose business. A statewide smoking ban would level the playing field for everyone across the state. **By adopting a uniform statewide set of rules on smoking in public, businesses across the state would be treated fairly and the health of Wisconsin's citizens would improve.**

## **Second Hand Smoke – the Problem:**

Research has shown that secondhand smoke, the smoke other people inhale from being around people who smoke cigarettes, is indeed a serious and widespread health problem to non-smokers.

Recent reports from the Center for Disease Control and the Surgeon General of the United States have reported that 126 million non-smokers have measurable levels of a nicotine type compound. This is unfair because they are not smokers.

The good news is that the amount of people affected has actually been declining over the last 10 years because of restrictions on smoking in public areas. This trend needs to continue.

## **The affects of cigarette smoke on non-smokers can be deadly too:**

The Center for Disease Control reports that about 46,000 people die of heart disease caused by smoking in the United States every year. In addition, 3,000 people die of lung disease caused by secondhand smoke, and approximately 400 deaths of young children are attributed to secondhand smoke each year.

As Wisconsin is an average sized state, about 1,000 Wisconsin citizens die each year because of secondhand smoke.

## **Health care costs:**

High health care costs are public enemy number 1 in Wisconsin and around the country. The cost of smoking to the Wisconsin budget is enormous. It is estimated that \$202 million of health care costs in the MA budget alone is used to treat smoking caused illnesses.

The cost is \$2 billion for medical treatments of Wisconsin citizens for illnesses caused by smoking each year. While this number also includes illnesses from people who directly smoke and

those who only receive smoke secondhand, clearly taxpayers are footing the bill to pay for health care costs of smoking related illnesses for people who don't even smoke. If we want to address health care costs, providing a statewide smoking ban is a step in that direction.

### **A level playing field for small businesses – restaurants and taverns:**

Cities such as Madison and Appleton have already enacted such ordinances. Other communities and counties are considering doing so as well. This makes it very difficult for these small businesses to retain their customers and hurts local economies. Creating a statewide ban would treat all such businesses equally and level the playing field for all to compete on a similar basis.

It is very difficult to administer this type of ordinance in a patchwork manner from municipality to municipality. A statewide standard makes much more sense. Wisconsin has 1,922 different units of government. If each one adopts a different type of smoking ordinance, it would result in a very complex, confusing situation for businesses to comply with and for the public to understand.

The Wisconsin Restaurant Association, which supports the ban, has stated, "We feel that [a statewide smoking ban] is the only way to create a fair competitive environment for all eating and drinking establishments in Wisconsin."

### **Many states already have statewide smoking bans:**

These states have already enacted a smoking ban:

- Arizona
- California
- Colorado
- Connecticut
- Delaware
- Hawaii
- Illinois

- Maine
- Massachusetts
- Maryland
- Minnesota
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- New York
- Rhode Island
- Ohio
- Oregon
- Utah
- Vermont
- Washington

**Facts, figures, and accuracy:**

I believe the facts, accurately told, will make a convincing case for a statewide smoking ban. Care has been taken to ensure the facts are accurate, up-to-date, and not exaggerated. In each case, I have tried to use information sources that are of high credibility, such as the Center for Disease Control, the U.S. Surgeon General's Office, Legislative Fiscal Bureau, etc.

This is a bipartisan initiative modeled after the local Appleton and Madison smoking bans which have worked well and are very popular in these local areas. It seems clear that this is the direction that the rest of the country, and indeed many other countries worldwide, are headed.

I thank you again for your consideration of this landmark legislation to make Wisconsin smoke free in public places. I would be happy to answer any additional questions of the committee at this time.

2007-2008 legislative session

## Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

### Assembly Bill 834

prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty. (FE)

**TEXT**  
sponsors  
LBR analysis

**STATUS**  
committee actions  
and votes  
text of amendments

**COST & HOURS**  
of lobbying efforts  
directed at this  
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
◆	◆	American Cancer Society	2/25/2008	↑	
◆	◆	American Heart Association	2/21/2008	↑	
◆	◆	Campaign for Tobacco-Free Kids	2/20/2008	↑	
◆	◆	Children's Hospital & Health System	2/25/2008	↑	
◆	◆	Marshfield Clinic	2/27/2008	↑	
◆	◆	Smoke Free Wisconsin	2/26/2008	↑	
◆	◆	Tavern League of Wisconsin	2/22/2008	↓	
◆	◆	The Villa Tap	2/25/2008	↑	
◆	◆	UnitedHealth Group	2/21/2008	?	
◆	◆	Wisconsin Alliance of Cities Inc	2/21/2008	↑	
◆	◆	Wisconsin Amusement and Music Operators	2/26/2008	↓	
◆	◆	Wisconsin Association of Health Plans	2/20/2008	↑	
◆	◆	Wisconsin Council on Children & Families	2/21/2008	↑	
◆	◆	Wisconsin Counties Association	2/26/2008	↑	
◆	◆	Wisconsin Independent Businesses Inc	2/21/2008	?	
◆	◆	Wisconsin Medical Society	2/21/2008	↑	
◆	◆	Wisconsin Primary Health Care Association	2/26/2008	↑	
◆	◆	Wisconsin Public Interest Research Group (WISPIRG)	2/26/2008	↑	
◆	◆	Wisconsin Restaurant Association	2/25/2008	↑	

2007-2008 legislative session

**Legislative bills and resolutions**

(search for another legislative bill or resolution at the bottom of this page)

**Senate Bill 150**

prohibiting smoking in places of employment, restaurants, taverns, and other indoor areas and providing a penalty. (FE)

**TEXT**  
sponsors  
LBR analysis

**STATUS**  
committee actions  
and votes  
text of amendments

**COST & HOURS**  
of lobbying efforts  
directed at this  
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
◆	◆	Affinity Health System	6/1/2007	↑	
◆	◆	American Cancer Society	4/27/2007	↑	
◆	◆	American Heart Association	5/30/2007	↑	
◆	◆	American Lung Association of Wisconsin Inc	4/19/2007	↑	
◆	◆	Association of Wisconsin Tourism Attractions	6/1/2007	↑	
◆	◆	Bowling Centers Association of Wisconsin	4/25/2007	↓	
◆	◆	Campaign for Tobacco-Free Kids	7/31/2007	↑	
◆	◆	Children's Hospital & Health System	6/14/2007	↑	
◆	◆	Cigar Association of America Inc	5/31/2007	↓	
◆	◆	Cigar Store Alliance of Wisconsin Inc.	10/2/2007	?	
◆	◆	City of Milwaukee	5/31/2007	↔	💬
◆	◆	Dane County	5/31/2007	↑	
◆	◆	Green Bay Area Chamber of Commerce	1/4/2008	?	
◆	◆	Gundersen Lutheran Administrative Services, Inc	1/31/2008	↑	
◆	◆	League of Wisconsin Municipalities	5/14/2007	↑	
◆	◆	Marshfield Clinic	6/1/2007	↑	
◆	◆	Medical College of Wisconsin	6/13/2007	↑	
◆	◆	Ministry Health Care	5/30/2007	↑	💬
◆	◆	National Association of Social Workers - Wisconsin Chapter	7/9/2007	↑	
◆	◆	Smoke Free Wisconsin	5/24/2007	↑	
◆	◆	Tavern League of Wisconsin	4/20/2007	↓	
◆	◆	The Villa Tap	7/21/2007	↔	💬
◆	◆	UnitedHealth Group	2/21/2008	?	
◆	◆	Wisconsin Academy of Family Physicians	4/24/2007	↑	
◆	◆	Wisconsin Alliance of Cities Inc	5/31/2007	↑	
◆	◆	Wisconsin Amusement and Music Operators	5/4/2007	↓	
◆	◆	Wisconsin Association of Convention & Visitors Bureaus	4/26/2007	↑	

◆	◆	Wisconsin Association of Health Plans	5/22/2007	↑	
◆	◆	Wisconsin Association of Local Health Departments and Boards	4/24/2007	↑	
◆	◆	Wisconsin Association of School Nurses	6/8/2007	↑	
◆	◆	Wisconsin Council on Children & Families	2/18/2008	↑	
◆	◆	Wisconsin Independent Businesses Inc	5/24/2007	?	
◆	◆	Wisconsin Innkeepers Association	6/7/2007	↑	
◆	◆	Wisconsin Medical Society	4/19/2007	↑	
◆	◆	Wisconsin Nurses Association	9/8/2007	↔	💬
◆	◆	Wisconsin Primary Health Care Association	6/5/2007	↑	
◆	◆	Wisconsin Psychiatric Association	5/31/2007	↑	
◆	◆	Wisconsin Public Health Association	4/24/2007	↑	
◆	◆	Wisconsin Public Interest Research Group (WISPIRG)	1/16/2008	↑	
◆	◆	Wisconsin Restaurant Association	5/4/2007	↑	
◆	◆	Wisconsin Tourism Federation	6/7/2007	↑	
◆	◆	Wisconsin Wine and Spirit Institute	6/29/2007	↓	





# Wisconsin Medical Society

Your Doctor. Your Health.

**TO:** Assembly Public Health Committee  
Rep. Hines, Chair

**FROM:** Patrick Remington, MD, MPH  
Council on Health Care Quality and Population Health, Chairperson

**DATE:** February 27, 2008

**RE:** Support of Assembly Bill 834 (companion to Senate Bill 150) the "Breathe Free Wisconsin Act"

I am pleased to be here to testify in support of AB 834, both as one of the 11,500 members of the Wisconsin Medical Society and a Board Member of the Midwest Division of the American Cancer Society.

Today, you will hear from both sides on this issue.

You'll hear from public health advocates about the importance of this policy in protecting the health of the public. The evidence is incontrovertible. Over 30 years of research and hundreds of studies have demonstrated the health effects of passive smoke.

We conducted a study right here in Wisconsin to examine the effects of the smoke-free policies that were enacted in Madison and Appleton over the past few years. Our research demonstrated that these policies led to almost complete elimination of indoor air pollutants from cigarette smoke. More importantly, we showed that non-smoking bartenders reported significantly less respiratory symptoms, thereby reducing their risk of long-term health consequences.

But you don't need to know about epidemiology to understand how passive smoke affects health. All you have to do is spend an hour in a smoky room to feel the effects. People who live in Madison and Appleton have grown accustomed to eating and drinking in a smoke-free environment. Just ask them if they want to go back to the way it was, or what it's like to travel to another city that permits smoking in bars and taverns.

Although the evidence on the health effects is clear and compelling, you will hear from others who claim that the costs of this policy far exceed the potential benefits. They will argue that a policy that bans smoking in bars and taverns will have a tremendous effect on their business. But what does the evidence show?

Will this policy hurt business? It depends. Research in communities in Wisconsin and elsewhere in the U.S. has shown that these policies do not hurt the hospitality business. People continue to go out to dine and drink.

There is evidence that businesses respond to this policy by making changes in their business. Some see an increase in families and food sales, and others see declines in alcohol sales late in the evening. Regardless, studies show that overall business in bars and taverns does not decline.

AB 834 will actually reduce one of the suspected adverse effects of smoke-free policies when they are implemented in some communities and not in others. Although few research studies have been conducted, anecdotal reports suggest that bars that are on the edge of a smoke-free community, that serve only alcohol, may lose business to bars that permit smoking. Of course, these border effects shift business, but may not affect the hospitality business overall.

But let me be very clear. AB 834 will hurt other businesses in Wisconsin—the tobacco industry and those who profit from the sales of cigarettes. Research has clearly demonstrated that communities and states that have implemented statewide smoke-free policies have seen reductions in the smoking rates. These policies change the social norm from one where drinking and smoking are inextricably linked to one where people can go out to eat and drink without smoking.

I want to close by thanking the sponsors of this legislation for their leadership and commitment to this important public health policy. It's not whether--but when--Wisconsin becomes a smoke-free state and provides all its residents safe and healthy places to live and work.



Patrick L. Remington, M.D., M.P.H.  
Professor and Director

University of Wisconsin Population Health Institute  
UW School of Medicine and Public Health

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Madison, Wisconsin 53726

Phone: (608) 263-1745  
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State of Wisconsin  
**Department of Health and Family Services**

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Jim Doyle, Governor  
Kevin R. Hayden, Secretary

Wednesday, February 27, 2008

TO: Assembly Committee on Public Health  
FROM: Kevin Hayden, DHFS Secretary  
RE: Assembly Bill 834

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Good afternoon Representative Hines and Committee members. Thank you for the opportunity to talk with you about one of the most important health care and public health issues of our time – tobacco and secondhand smoke. I am pleased to represent Governor Doyle and the Department of Health and Family Services in support of Assembly Bill 834.

This issue is not about parties and politics. It's not about smokers versus non-smokers. This bill will help protect our youth and *all* citizens of Wisconsin.

Having worked in the health care field for decades, I can recall no other single Legislative act that will have as profound, immediate and widespread an impact on public health as this proposed smoking ban.

Almost all Wisconsinites know somebody who has died from a tobacco-related disease. We know that 8,000 Wisconsin residents die each year from a tobacco-related illness. Tobacco is a major cause of the top five killer diseases in our country: heart disease, cancer, stroke, diabetes and chronic obstructive pulmonary diseases, including emphysema and chronic bronchitis.

Tobacco use also costs billions in health care expenses and countless hours of lost productivity every year when people are sick.

Nobody should have to work or socialize in the presence of an EPA-classified "Group A carcinogen," a substance that contains more than 4,000 chemicals and almost 70 different carcinogens.

Under AB 834, people in Wisconsin will never again be forced to risk their health to earn a paycheck or go out to dinner.

Smoke-free workplaces and public places should be the right of all Wisconsinites, and bar and restaurant workers deserve the same protection from secondhand smoke that teachers, doctors, lawyers and others already enjoy.

More than 50 percent of U.S. residents live in completely smoke-free communities. If the Legislature doesn't pass a statewide smoking ban now, municipal governments will be debating this often contentious and divisive issue community by community and

approving municipal bans at different times. A comprehensive statewide ban provides an equitable approach to address this crucial public health issue.

It's only a matter of time before the whole country goes smoke free. Wisconsin should be leading the way, not following along at the end of the pack.

As you know, Minnesota and Illinois have already passed and implemented comprehensive statewide legislation. The time is now for Wisconsin to join the 23 states and commonwealths to protect the health of our residents through comprehensive smoke-free workplace laws that include all restaurants and taverns.

Although 76 percent of white-collar workers are covered by smoke-free policies, only 52 percent of blue-collar workers and only 43 percent of food service workers benefit from these protections. In other words, the less you earn, the more likely you are to be exposed to secondhand smoke on the job.

An examination of the impact of Ireland's smoke-free law on bar workers in Dublin found improvements in measured pulmonary function and significant reductions in self-reported irritant symptoms after the law went into effect. (*American Journal of Respiratory and Critical Care Medicine*, 2007.)

Every day we delay going smoke-free in Wisconsin is another day that more people are getting sick and more kids start smoking.

AB 834 will prevent non-smokers from getting sick from secondhand smoke, help smokers quit, and prevent kids from picking up the habit.

In 2006, the U.S. Surgeon General declared definitively that there is "no risk-free level of exposure to secondhand smoke." The Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, made it clear that secondhand smoke has both long-term and immediate health impacts. This law will make sure nobody gets sick because of somebody else's decision or addiction.

Additionally, an Institute of Medicine report released just this week called *Ending the Tobacco Problem: A Blueprint for the Nation* shows that smoke-free air laws help smokers quit, especially now that smoking levels have begun to level off.

However, not only will this law protect non-smokers from secondhand smoke and help current smokers quit, AB 834 will also help change how our children view smoking.

Our communities should reflect what we teach our kids in school, which is that tobacco is deadly. When our children see smoking, they view it as an adult habit, and picking up a cigarette will continue to be what kids do to look and feel like adults. And once kids start, it's difficult to stop – just ask any adult smoker.

Tobacco use is a critical public health issue and secondhand smoke is an unnecessary health threat and economic burden on our health care systems.

By supporting AB 834, you have the ability to save thousands of lives and millions in future health care costs. Wisconsin taxpayers pay nearly \$500 million every year in Medicaid costs directly related to smoking. The sooner we enact this legislation, the sooner we can start reducing those costs.

On behalf of Governor Doyle and the Department, I ask you to pass a comprehensive statewide smoke-free ban before the end of the legislative session in a few weeks.

Thank you again for the opportunity to testify before the Committee. I am happy to take any questions that Committee members may have.



Assembly Public Health Committee  
February 27, 2008

Testimony of Paul L. Decker in favor of Assembly Bill 834

Chairman Hines and members of the committee, my name is Paul Decker. I live in Hartland and am a member of the American Cancer Society Midwest Division Board of Directors. I am here today to ask for your support of AB 834.

In spring 1997, life was good. I had just purchased a new home with my wife and we were making plans for the summer ahead of us. I was getting ready for softball season and as a precaution my doctor recommended I have a chest x-ray since my family has a history of heart disease. I was not prepared for what came next. It was cancer, specifically lung cancer. Ten days after my diagnosis I underwent surgery to remove my right lung and several lymph nodes. Through long rehabilitation and positive outlook I am a survivor and have committed myself to fighting this disease every way possible.

*Never  
Smoked*

Many lung cancer patients find out about their diagnosis too late. Lung cancer continues to be the number one cause of cancer death in our country. More people die of lung cancer than of colon, breast, and prostate cancers combined. I was fortunate to have my lung cancer detected early but there are many Wisconsin workers who are at risk for this terrible disease that I would not wish on anyone.

Research has shown that there may be a 50 percent increase in lung cancer risk among food service workers that is attributable to their secondhand smoke exposure. This should outrage us. As legislators, you have the power to enact public policy to protect and improve the public health. This bill before you today is giant step forward in improving the health of our state.

Assembly Bill 834 guarantees every worker a smoke-free workplace. Nobody in our great state should ever have to choose between good health and a paycheck. Its Time to pass AB 834 and protect everyone from a known carcinogen, secondhand smoke. I ask for your support and courage to move this bill forward and do the right thing for Wisconsin. Thank you.

Paul Decker  
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414-745-3919  
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## Office of the Mayor

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### Remarks Before the Assembly Committee on Public Health on AB 834 February 27, 2008

Good morning, Rep. Hines and members of the Committee. My name is Mario Mendoza and I am the Economic Development and Legislative Liaison for the City of Madison. On behalf of Mayor Dave Cieslewicz, I thank you for the opportunity to speak today on Assembly Bill 834.

First, I would like to commend the bi-partisan coalition that is championing this bill. The fact that members of both houses and both parties are supporting this legislation I believe indicates the status of the broad public discourse that is taking place over smoke-free workplaces. The City of Madison, some of our neighboring communities, some of our neighboring states, and even entire countries are adopting smoke-free workplace regulations out of a concern for the health impacts of second-hand smoke.

Second, I would like to speak briefly about the economic impact of the smoke-free ordinance in the City of Madison. As is the case with the proposal before you today, there was a vigorous debate of our ordinance. Opponents predicted broad negative economic consequences in Madison resulting from adoption of the smoke-free workplace ordinance. The data we have gathered so far indicates that those fears have not been realized. For instance:

- A before-and-after comparison of liquor licenses in the City of Madison shows that liquor licenses have increased 9.9% since the ordinance went into effect.
- Employment in Madison's service industry increased by 15.5% between 2005 and 2006.

Finally, implementation of our smoke-free ordinance has gone fairly smoothly. Although our Department of Public Health needed to follow up on some complaints during the first few months after the ordinance went into effect, there has been great compliance ever since. I have been informed by our Department of Public Health that they have not received a complaint in approximately 24 months. Tavern owners have also made efforts to successfully adjust to the ordinance. As many as 44 establishments have added outdoor seating areas to accommodate their customers who smoke.

On behalf of the City of Madison, I again commend the sponsors of this bill—a fair regulation that creates a level playing field across the state—and urge its passage.

Thank you for affording me the opportunity to address you this afternoon.



**TESTIMONY ON THE SCIENTIFIC EVIDENCE ON THE HEALTH EFFECTS OF  
SECONDHAND SMOKE**

**OFFICE ON SMOKING AND HEALTH  
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION  
COORDINATING CENTER FOR HEALTH PROMOTION  
AND HEALTH PROMOTION  
U.S. CENTERS FOR DISEASE PREVENTION AND CONTROL**

**HEARING OF THE WISCONSIN ASSEMBLY PUBLIC HEALTH COMMITTEE  
WEDNESDAY, FEBRUARY 27, 2008  
12:00 PM  
417 NORTH (GAR HALL)  
STATE CAPITOL**

Good morning. Thank you for the opportunity to speak to you today about the health impact of exposure to secondhand smoke. I am Simon McNabb, Washington DC Policy and Partnership Lead for the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC). I have been working on policy and secondhand smoke issues since 1997, including participating in the development of the U.S. Government's secondhand smoke position during the negotiations for the Framework Convention on Tobacco Control. Most recently, I worked closely with the Office of the Surgeon General on the development and release of the 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*.

For the record, I am here today at the request of the Wisconsin Department of Health and Family Services to discuss the scientific evidence regarding the health risks that secondhand smoke exposure poses to nonsmokers. Also for the record, I am not here to speak for or against any specific legislative proposal. I have submitted my written testimony for the record.

The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* was only the second Surgeon General's Report to focus on the health effects of secondhand smoke, and the first to do so in 20 years. The Report systematically reviewed the scientific evidence that has accumulated since the 1986 Surgeon General's Report on *The Health Consequences of Involuntary Smoking* using established criteria of causality. The new Report concludes that secondhand smoke contains more than 50 cancer-causing substances. The National Toxicology Program of the National Institutes of Health, the International Agency for Research on Cancer, and the U.S. Environmental Protection Agency have all designated secondhand smoke as a known human carcinogen, and the National Institute for Occupational Safety and Health has designated secondhand smoke as an occupational carcinogen. Importantly, the new Surgeon General's Report concludes that there is no risk-free level of secondhand smoke exposure.

The new Report provides a comprehensive review of the health effects of secondhand smoke. The Report concludes that secondhand smoke causes premature death and disease in children and nonsmoking adults. The Report finds that children who are exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections such as pneumonia and bronchitis, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth. The Report also concludes that secondhand smoke causes heart disease and lung cancer in nonsmoking adults. Specifically, nonsmokers who are exposed to secondhand smoke in the home or workplace increase their risk of developing heart disease by 25 to 30 percent and their risk of developing lung cancer by 20 to 30 percent. The California Environmental Protection Agency recently estimated that exposure to secondhand smoke causes about 23,000 to 70,000 heart disease deaths and about 3,400 to 8,900 lung cancer deaths among U.S. nonsmokers each year. The Report finds that secondhand smoke has immediate adverse effects on the cardiovascular system. Persons who have or are at special risk for heart disease should take special precautions to avoid secondhand smoke exposure.

The Report also examines trends in secondhand smoke exposure. Exposure among U.S. nonsmokers has declined sharply over the past 20 years. Levels of cotinine, a biological marker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. The proportion of nonsmokers with detectable cotinine levels has been halved from 88 percent to 43 percent over that period.

However, more than 126 million nonsmoking Americans, including both children and adults, are still exposed to secondhand smoke. The Report concludes that the home and the workplace are the main settings where nonsmokers are exposed to secondhand smoke. Children and teens, African Americans, and blue collar, service, and hospitality workers remain disproportionately exposed. Restaurant, bar, and casino workers are especially likely to work in environments where smoking is allowed and to be exposed to high levels of secondhand smoke on the job.

Finally, the Report also addresses approaches to protecting nonsmokers from secondhand smoke exposure. The Report concludes that eliminating smoking in indoor spaces fully protects nonsmokers from secondhand smoke exposure, and that smoke-free workplace policies are the only effective way to ensure that secondhand smoke exposure does not occur in the workplace. Other approaches are not effective. The Report finds that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.

Smoke-free policies in hospitality venues such as restaurants and bars protect employees and patrons alike from the unnecessary health risks posed by exposure to secondhand smoke. Studies have found that smoke-free policies in hospitality venues are associated with improvements in indoor air quality, reductions in nonsmoking employees' secondhand smoke exposure, and improvements in employees' sensory and respiratory symptoms and respiratory function. These improvements occur rapidly once smoke-free policies are implemented, typically within months of the effective date.

Comprehensive smoke-free laws that make all indoor workplaces and public places smoke-free also appear to have broader effects on secondhand smoke exposure and health on a population level. A study in New York state found that cotinine levels among nonsmokers in the general population fell by 47% in the year following implementation of a comprehensive statewide smoke-free law. Eight published studies conducted in a number of different communities, states, and countries all have reported that implementation of smoke-free laws is associated with rapid and substantial reductions in hospital heart attack admissions in the general population.

In addition to protecting nonsmokers from secondhand smoke exposure, the Report finds that smoke-free workplace policies help employees who smoke quit. This, in turn, would be expected to save employers money by reducing health care and disability costs, by increasing productivity among their staff through a decreased number of breaks taken and sick days used, and by reducing workers' compensation, life insurance, and maintenance costs. Smoke-free policies in public places and workplaces also promote health by contributing to changes in community norms regarding smoking and by setting a positive example for youth.

The Surgeon General has concluded that involuntary exposure to secondhand smoke is a common public health hazard that is entirely preventable by appropriate regulatory policies. Both the Surgeon General and the U.S. Task Force on Community Preventive Services have concluded that the most effective strategy to reduce nonsmokers' exposure to secondhand smoke is the establishment of smoke-free environments. Our nation's *Healthy People 2010* objectives seek to assure optimal protection of nonsmokers from secondhand smoke exposure through policies, regulations, and laws requiring smoke-free environments in all worksites and public places.

In summary, exposure to secondhand smoke poses serious health risks. A substantial portion of the state's population continues to be exposed to secondhand smoke at work and at home, which are the two most important settings where exposure occurs. Hospitality workers are more likely than workers in other occupations to be exposed to secondhand smoke and its associated health risks on the job. And, unlike many other health hazards, secondhand smoke exposure is completely preventable.

Thank you.



*Alison Prange*  
*American Cancer Society Testimony*  
*February 27, 2008*

Good Afternoon. Thank you for the opportunity to testify today. On behalf of the American Cancer Society and our over one million volunteers and supporters across Wisconsin, we urge you to support Assembly Bill 834, the Smoke free Workplace Act.

We support this legislation because it will have a direct impact on reducing Wisconsin's Cancer Burden, and it will improve the health of the public as a whole by reducing heart attack rates, asthma attacks, and general illnesses caused by exposure to secondhand smoke.

I'm sure many of you know someone who has battled this horrible disease – cancer- a family member, a colleague, a friend or an acquaintance. It is a diagnosis no one should ever have to get, and passing this law will have a direct impact on reducing the number of cancer diagnoses in Wisconsin – whether it is lung, throat, esophageal or other cancers.

For any of you that know someone who has been diagnosed with lung cancer, it is a particularly horrible and painful illness. I unfortunately have had 3 women close to me lose their battles at young ages to this disease. They were mothers, cousins, aunts, sisters and friends. Watching once vibrant women, who never lost their dignity, lose their strength, energy and ability to fight is something we should never have to face.

One thing you will notice today is that there are very few lung cancer survivors here to testify. That isn't because they didn't want to be here, it is because, put simply, most don't win their battle with lung cancer. One story you won't hear today is that of Heather Betzinger – her testimony has been submitted in writing for all of you. She is a 31 year old lung cancer survivor, mom of two from La Crosse – and a woman who never smoked a day in her life. She did grow up in a home with heavy

smokers, she put herself through college by working in bars and restaurants. We often hear from our opponents that people like Heather should just have gone and gotten another job if she didn't want to work in smokey environment. Well, she was from a small town with no other options. And unfortunately, her lack of options contributed to her diagnosis. Heather strongly supports this fight, and wanted to provide a voice so other young mothers do not get a diagnosis like she has had to face.

The American Cancer Society is here to speak today for those who no longer have a voice and who have lost their battle with this disease. We are here to prevent others from hearing the dreaded words " you have cancer" and we are here to attempt to save lives and diminish suffering.

On behalf of our 1 million volunteers and supporters across Wisconsin, we urge you to support AB 834. Give Wisconsin a level playing field, and protect the health of all workers and citizens.





WISCONSIN  
**ASTHMA**  
COALITION

★ Children's Health  
Alliance of Wisconsin

**Assembly Committee on Public Health  
Testimony, AB 834  
Wednesday, February 27, 2008  
State Capitol  
Madison, Wisconsin**

My name is Kristen Grimes, Asthma Project Manager for Children's Health Alliance of Wisconsin (Alliance). The Alliance works to improve children's health in Wisconsin and manages the Wisconsin Asthma Coalition (WAC), a statewide group of over 260 individuals and organizations, committed to improving the management and care for those with asthma. **On behalf of the Alliance and the Wisconsin Asthma Coalition I support AB 834 for smoke-free workplaces** for the following reasons:

1. **Tobacco smoke is one of the worst triggers of asthma attacks.** A person with asthma cannot enter smoky establishments for fear of a potential life-threatening asthma attack.
2. **People with asthma should have free choice in the job market.** Available jobs for people with asthma are limited by whether or not they are smoke-free. By making all workplaces smoke-free, people with asthma would have the freedom to work anywhere.
3. The effects of working in a smoky environment arise even after an employee goes home. **An asthma attack can be triggered by just being around someone who smells like smoke!** If a parent of a child with asthma comes home from work smelling of tobacco smoke, he/she could trigger an asthma attack just by giving their child a hug.
4. **People should be able to enter any establishment, without putting their families at risk!** On a personal note, my husband and I have stopped going to establishments that allow smoking as I am an asthmatic and our daughter is at risk for developing asthma. We often used to dine with my parents at their favorite Italian restaurant. Even though the dining area is non-smoking we would leave reeking of tobacco smoke from people smoking at the bar. I've often had an asthma attack and had to use my rescue inhaler after dining there. We no longer join them for dinner and they are saddened that they cannot show off their granddaughter to their friends. We should not have to make this decision.

On behalf of the Alliance & the Wisconsin Asthma Coalition I respectfully urge you to support AB 834 and thank you for your attention to this critical need.

Thank you,

Kristen Grimes, MAOM, CHES  
Asthma Project Manager  
Wisconsin Asthma Coalition  
Children's Health Alliance of Wisconsin





Serving the  
Lodging Industry  
for Over 100 Years

February 27, 2008

To: Assembly Committee on Public Health  
Representative Hines, Chairman

From: Trisha Pugal, CAE  
President, CEO

RE: **Support of AB 834 (Statewide Smoking Ban)**

On behalf of the Board of Directors of the Wisconsin Innkeepers Association, a non-profit organization representing over 1,000 lodging properties around Wisconsin, we respectfully ask for your support of AB 834, a bill establishing a Statewide Smoking Ban for workplaces.

With the many speakers today you will likely hear about the dangers of continuing to have municipalities individually passing local ordinances banning smoking in workplaces – many with differing fine detail – resulting in what is accurately defined as a “patchwork” of bans around the state. This can result in both bars and restaurants feeling the effects of unfair competition, especially those bordering municipalities with differing smoking regulations.

A statewide smoking ban makes sense as it allows all bars and restaurants in the state to compete on their own merits, not dependent upon their own or neighboring community’s smoking ordinances.

As the lodging industry is comprised of many owners and operators who also operate a restaurant and/or bar on their premise, we feel it is imperative that bars and restaurants are treated equally in any statewide smoking ban. AB 834 accomplishes this.

AB 834 also includes almost all of the components of SB 150 as amended in Senate committee, however it provides better clarity in the allowance for smoking of samples in businesses having over 80% of their revenue coming from the sale of tobacco products.

This bill involves a compromise between many health advocacy organizations and business organizations with a common goal of protecting employees from continuous exposure to second hand smoke and the health conditions that can result from this.

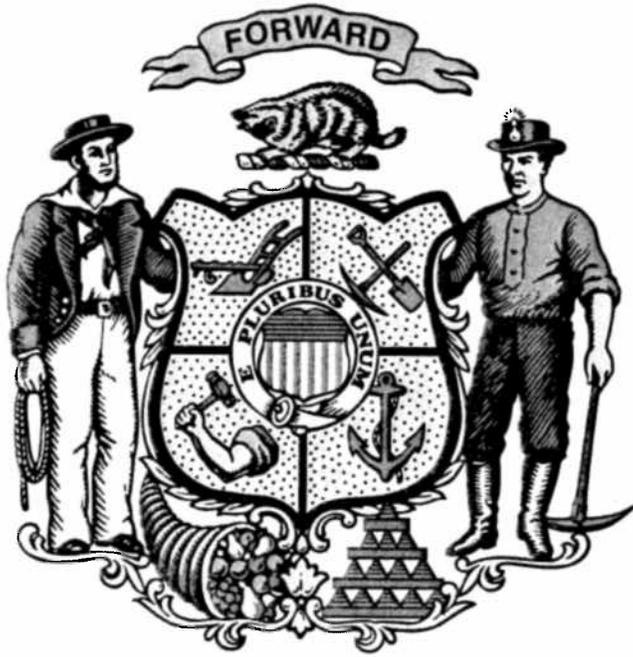
Please consider the neighboring states that have recently passed statewide smoking bans, removing any concerns over possible competitive disadvantage for communities near the borders. Consider the increasing priority being placed on Health Care and the ensuing costs for employers and employees. Consider more closely the recent studies showing no impact or actual improvement for businesses in areas with smoking bans. And consider the negative reputation that Wisconsin could garner from being one of the only states in our region that does not provide smoke-free restaurants, bars, and other public workplaces.

AB 834 protects employees from second-hand smoke, eliminates the uneven and unpredictable competition between businesses in neighboring communities, and allows bars and restaurants to compete equally on their own merits. We ask you to support this bill.

Cc: WIA Executive Committee  
Kathi Kilgore

1025 S. Moorland Rd.  
Suite 200  
Brookfield, WI 53005  
262/782-2851  
Fax# 262/782-0550  
wia@execpc.com  
<http://www.lodging-wi.com>







# Fond du Lac County

HEALTH DEPARTMENT  
(920) 929-3085 1-800-547-3640  
FAX (920) 929-3102

City/County Government Center  
160 South Macy Street, Fond du Lac, WI 54935

February 27, 2008  
State of Wisconsin  
Assembly Committee on Public Health

To the Honorable Members of the Committee on Public Health:

I would like to go on record both personally and as Chairperson of our County Board of Health Committee as supporting AB 834 without amendment to weaken it. Science supports removal of tobacco from the workplace, including the hospitality industry. With the preponderance of evidence of harm caused by second-hand smoke to both smokers and nonsmokers, there can be no justification to allow ongoing pollution in the workplace by this carcinogen and promoter of heart disease.

As a pediatrician I am particularly concerned about harm to young workers and pregnant women. The majority of voters support this legislation. Numerous states and several countries have passed similar laws with no apparent economic or sociologic catastrophes resulting. In no carefully conducted evaluation of economic impact has removal of smoking from businesses (including restaurants and taverns) been shown to harm business. Please serve the public by enacting this legislation without delay or weakening amendments.

Warren Post

*Warren M Post, MD*

Chairperson Fond du Lac County Board of Health



February 27, 2008

To: The Honorable Members of the Assembly Committee on Public Health:

My name is Sandy Bernier and I am here today as a Ambassador for the American Cancer Society and as the Northeast Chair of the WI Chapter of the National Association of Social Workers. More important I am here today to share with you what it was like to loose my mother, brother, and aunt to Pancreatic Cancer all of whom were addicted to tobacco and worked in the restaurant and entertainment business in order to make a living.

My mother worked as a waitress for years until she opened her own restaurant. The work provided her the hours she needed, an opportunity to do what she loved, and the ability to earn a living and still raise her children. All eight of us at one time or another took a turn at all the duties and responsibilities of running the family business.

The restaurant business is successful when you have skilled staff, a good product, and a clean and welcoming environment. A skilled waitress can make more in one week than some degreed individuals. My brother was in the entertainment business for years. He had a band and played clubs all across Wisconsin as well as out of state. I myself worked as a lead vocalist in a band for five years because I made really good money loved what I did, and was able to pay the bills.

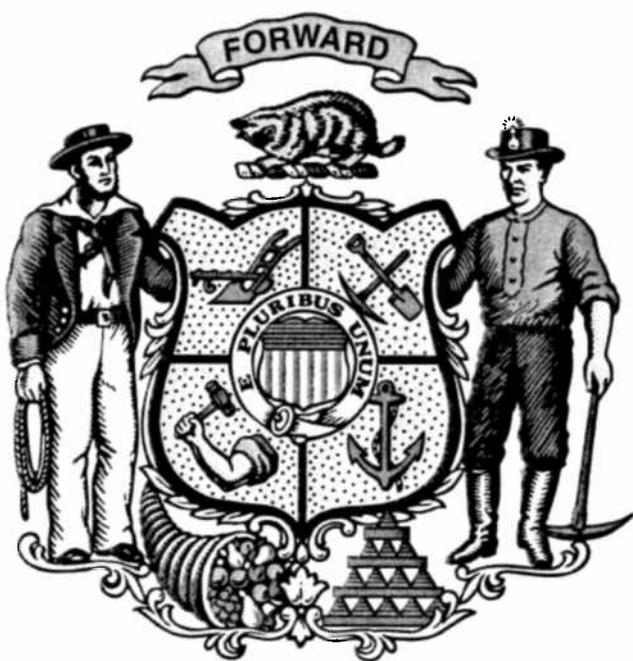
The most common response to 100 % smokefree workplaces is: they can always choose to work somewhere else. My response is, if you love what you do, you make a good living at it; you are skilled in that area, why should anyone have to choose between their job and their health. What makes those who work in the restaurant industry or the entertainment industry less valuable or worthy of the same protections that so many other professionals get the benefits of. How many college students can find a job some place else.

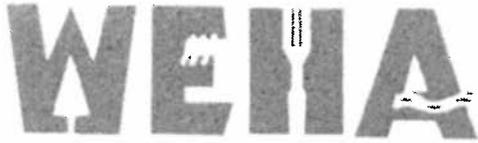
An important issue for me is, had my mother, brother, and aunt worked in environments that were smokefree, they would have decreased their consumption, had increased support for quitting, would have a better chance at beating tobacco addiction, and could have increased their chances at beating cancer. I quit tobacco over 20 years ago. I did not beat my tobacco addiction only to die from exposure to secondhand smoke. I quit the entertainment business because I did not want to increase my risk of dying young.

The scrapbook pages are empty for my children, because their grandmother died before her time. There are three things that I know about smokefree environments, they encourage those who are addicted to tobacco to quit, youth are less likely to view tobacco use as normal, and smokefree laws save lives.

As a Social worker I believe that everyone has a right to work in smokefree environments, Many cannot choose their place of employment. Mothers, will take the risk of exposure because they need to feed their families, College students need to pay for their tuition. WI needs to protect everyone from secondhand smoke. Please support AB 834.

Sandy Bernier 831 Minnesota Ave North Fond du Lac 517-0212





Wisconsin Environmental Health Association, Incorporated

February 27, 2008  
State of Wisconsin  
Assembly

To the Honorable Members of the Committee on Public Health:

At our January 11, 2008 meeting, the Wisconsin Environmental Health Association Board of Directors voted in support for the "WI Breathe Free Act" with no exemptions and a timely implementation date that would protect all workers from secondhand smoke. As sanitarians and health inspectors of licensed establishments, we are required to perform inspections of restaurants, bars and taverns where smoking is allowed. We do not have a choice – it is a critical public health function, it is our job – and our livelihood. Exposure to second-hand smoke in these facilities is a health risk for us, and we are just one of many classes of workers similarly affected.

Inspection visits generally take 1-4 hours per establishment – a complex facility will take more time. This is a great amount of time to be exposed to second hand smoke. As you know the 2006 Surgeon General's report declared the debate is over and the science is clear – Secondhand smoke is a serious health hazard that causes premature death and disease in nonsmoking adults. This is a risk that we wouldn't need to take if the WI Breathe Free Act was adopted.

As environmental health professionals our members also deal with the full spectrum of public health related air quality issues. Very few air quality issues are a greater threat than exposure to second hand smoke. However, this very serious air quality problem has been institutionally accepted for far too long.

Please support AB 834, because, all workers deserve to be protected from secondhand smoke. No one should have to choose between their job and their health. .. A goal of WEHA is "to improve the health and well being of WI residents by focusing on environmental and public health issues". Second hand smoke is both an environmental and public health issue – please give AB 834 your prompt attention to make all of WI workplaces healthier for everyone.

Sincerely,

A handwritten signature in black ink that reads "Chris Hinz". The signature is written in a cursive, flowing style.

Chris Hinz  
President

Wisconsin Environmental Health Association

WEHA is a professional association representing approximately 400 environmental health professionals, in government, private industry and academia, working together to improve the health and well being of Wisconsin's citizens. Our members are involved in a wide variety of activities to reduce environmental risks that cause human disease, including hazards from air quality problems. You can visit our web site for more information, at [www.weha.net](http://www.weha.net).



**Susan C. Lynch  
N 5179 Innsbruck Road  
West Salem, Wisconsin 54669  
608-786-0127 (home)**

**Testimony for Public Hearing  
Assembly Bill 834  
Wednesday, February 27, 2008**

**I would ask you to support Assembly Bill 834 relating to prohibiting smoking in places of employment, restaurant, taverns and other indoor areas in the State of Wisconsin.**

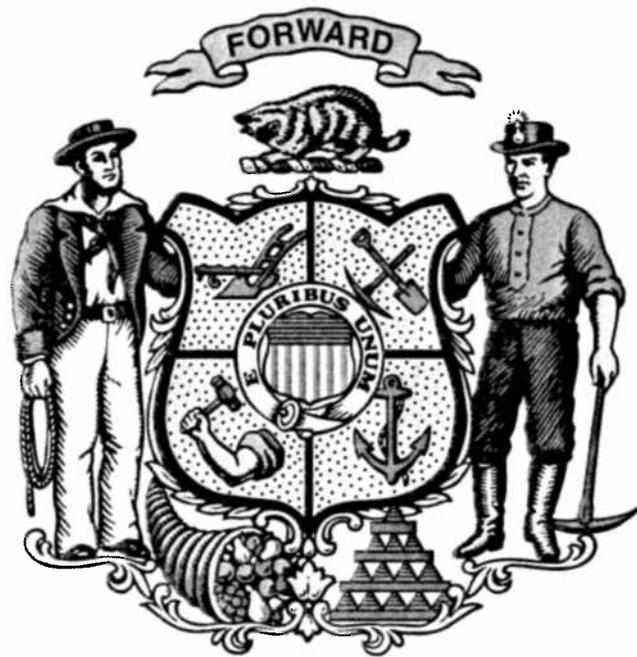
**I have been involved in Smokefree activities for the past nine years and clearly believe that the majority of Wisconsin residents would like to see this legislation passed in 2008.**

**I represent many residents from the Coulee Region area, youth (TATU and FACT Groups), Smoke Free Air for Everyone volunteers, along with the Partners of WHA who also endorse this action. Please know that your actions today will reflect good public health for all citizens of our State.**

**We do not want Wisconsin to become the ashtray of the Midwest. The Surgeon General report from 2007 clearly shows the harmful effects of second hand smoke. It is time to breathe clean indoor air in all workplaces!**

**Thank you.**

*Sue Lynch*  
2/27/08



661 Falling Oaks Lane  
Wausau, WI 54401

February 27, 2008

Assembly Committee on Public Health  
State Capitol,  
Madison, WI

Dear Representative Hines and Members of the Assembly Committee on Public Health:

Make workplaces in Wisconsin smoke-free with no delays and no exemptions. You would make a real difference in the lives of every Wisconsin resident.

I grew up with a father who smoked and I worked in smoke-filled workplaces for at least the first 10 years of my working career. I developed asthma as an adult. There is no doubt in my mind that it was related to secondhand smoke. Asthma can be life threatening. It's expensive to manage and even more expensive if it lands you in the hospital.

When I was first entering the work force, gas prices were high and the economy was in the dumpster. Sound familiar? I didn't really feel like I had much choice about where I worked. I had no experience and no education at that point. I took the first job that didn't burn up more than one tank of gas each week. I work along side a cook who had her Virginia Slim hanging from her mouth all night long. Even when I got an education so that I could get a better job, my first jobs were still smoke-filled.

We want everyone in our state to be able to work and provide for his or her own families. It's an American tradition and definitely a Wisconsin tradition to work hard and provide for your family. But a job shouldn't give you asthma, or heart disease, or lung cancer. Yet many workers don't feel like they have a lot of choice about where they work – this is especially true in the rural part of our state. No matter where someone has to or chooses to work, they deserve protection from secondhand smoke.

A state law that includes all workplaces is fair for workers and fair for employers.

I thank you for your time and consideration of this important legislation.

Sincerely,



Mary Hilliker



To: Assembly Public Health Committee  
Re: Public Hearing on AB -834  
Room 417 N at Noon

February 27, 2008

Dear Honorable Public Health Committee,

I've waited over 20 years for smoke-free justice in the state of WI. My health and the health of thousands of others in this state have been harmed due to smoking in worksites and public places. My social life and my ability to earn a living in the field of my choice have been negatively affected due to smoking in worksites and public places. This is wrong!

You've been presented with all kinds of facts and figures. You've heard every possible argument over and over again. The time has come to make a decision.

So...which side are you on? The side of the citizens of WI and their health and well-being, or the side of the Tavern League?

A few years ago, our last Surgeon General stated the only way to protect workers and the public from the harm of secondhand smoke is to only allow smoking outdoors, away from others.

Thus, I'm asking you in the spirit of Nancy Reagan and Barry Goldwater to "Just say No" to the Tavern League, because "in your heart you know it's right".

In closing, this song, to the tune of "Hey Ho, Nobody's at Home" sums it up perfectly:

Hey Ho, It's time don't 'cha know  
For smoking in the restaurants and bars to go  
So we all can breathe and be merry.  
Hey, Ho, Hey!

Have a nice "air" day.

Sincerely,

Taku C Ronsman

Taku C. Ronsman  
1688 Beaver Dam Drive  
Green Bay WI 54304  
Ph: 920-499-9663, Email: [tronsman@earthlink.net](mailto:tronsman@earthlink.net)



# CAMPAIGN For TOBACCO-FREE Kids®

**Testimony of Aaron Doeppers, Midwest Regional Director  
Wisconsin State Assembly Public Health Committee  
February 27, 2008**

Thank you Chairman Hines and committee members for this opportunity to testify in support of AB 834.

My name is Aaron Doeppers. I am the Director of the Midwest States for the Campaign for Tobacco-Free Kids. I would like to give you a brief understanding of the national, and indeed international, smoke-free trend and why it is important to your consideration today.

It is critical to understand one simple fact: Smoke-Free air is not the wave of the future, it is the wave of the present, and for much of the country it is a debate that is already past. The question is no longer IF we will be smoke-free, but WHEN.

Fifteen years ago, the first wave of local and state smoke-free laws were being passed on the west coast. Five years ago it was an east coast health rage, but now the Midwest has the most progress for the simple reason that we have fallen behind the rest of the world. Indeed, whole countries like Ireland, Italy, and many others are smoke-free.

As you probably know well by now, Illinois and Minnesota both passed smoke-free laws last year. Both states implemented their laws in less than six months and are now smoke-free.

This week the Nebraska Governor signed legislation making their state the 23<sup>rd</sup> to require smoke-free air in all restaurants and bars. Iowa is well on its way, with legislation through their state House and being debated in their State Senate as we speak. With the support of their Governor and majorities in both houses, Iowa is well on its way to being number 24.

And yes, Michigan has passed a law through their state House and it is before their state Senate.

More than half the population in the country is already covered by either a state or local law making all restaurants and bars smoke-free. It is time for Wisconsin to catch up, or we will be the "ashtray of the Midwest".

The reality is that once smoke-free laws are implemented, nobody is going back. Common sense tells us that if the economic doom and gloom claims were even partially true, the opposite would be the case. These laws aren't just proven to improve health, they grow even more popular after implementation and they are doing just fine for

business. And through all the debate, we lose sight of the simple fact that it just isn't a big deal to smoke outside.

Someone asked me recently, isn't Wisconsin unique?

The answer is that 23 smoke-free states are each unique. Literally hundreds of smoke-free communities around the country are each unique. What is not unique is the cancer, heart disease, and other health problems caused by secondhand smoke. What is not unique is that 100% smoke-free is the only way to provide health protection. And what is not unique is the tremendous support in our state for going smoke-free.

Our polling found almost two-thirds of people in Wisconsin want a comprehensive smoke-free policy. This tracks very closely with polling in other states before they went smoke-free. Support crossed every demographic except one—smokers. Yet still more than a third of smokers support this proposal. And keep in mind, there are fewer smokers every year.

Legislators in these 23 states, each in their own way, came to the same basic conclusions:

- First, we all deserve the right to basic health protection from secondhand smoke.
- Second, the fair way is to make all businesses smoke-free at the same time.
- Third, the best way is to implement the law quickly and move past this issue. In fact, two-thirds of state laws have been implemented between three and six months, and fully 80% have been implemented within a year of passing the law.

"The debate is over, the science is clear." That is what the Surgeon General said in 2006 at the release of his report on secondhand smoke. In states and communities across the country, similar words hold true for the politics, "the debate is over, the law is clear." Literally, the debate is over and the states have moved on to other issues. Will you do the same for Wisconsin?

- protect our health
- cover everyone the same
- do it quickly so the law settles in and everyone moves on

Thank you for your consideration of this issue. Please pass AB 834, protect our health, and give us the basic right to breathe free.





MARSHFIELD CLINIC<sup>®</sup>

**Testimony Before The Assembly Public Health Committee  
Robert Phillips, M.D.  
Internal Medicine/Geriatrics/Government Relations, Marshfield Clinic  
Wednesday, February 27, 2008  
AB 834-Smoke Free Public Buildings**

**Introduction**

Chairman Hines, members of the Assembly Public Health Committee and Staff, I am Dr. Robert Phillips, a practicing internist and geriatrician at Marshfield Clinic and Medical Director of Government Relations. I am here to testify in support of AB 834, relating to smoke free public buildings including restaurants and taverns.

Marshfield Clinic, a health care system of over 80 medical/surgical specialties and subspecialties, has as our mission to provide high quality health care to all who access our system; to engage in basic science and clinical research to improve patients' and citizens' lives; and to train the next generation of physicians with an emphasis on rural practice. Marshfield Clinic's system comprises 41 soon to be 47 centers in north central Wisconsin, served by approximately 800 physician specialists providing primary, secondary, and tertiary medical/surgical care and staffed by 6500 employees.

Marshfield Clinic embraces the Institute of Medicines six aims for the transformation of the 21<sup>st</sup> century health care system with health care that is safe, effective, patient-centered, timely, efficient, and equitable. Marshfield Clinic urges the Wisconsin Legislature to use these six aims as a yardstick to test the benefit of pending legislation for Wisconsin citizens.

Marshfield Clinic cared for approximately 365,000 unique patients in 2007 representing about 1.8 million visits. Marshfield Clinic, through Family Health Center of Marshfield, Inc., a federally qualified health center, provides care to the medically underserved including Medical Assistance, BadgerCare, and uninsured patients who need but cannot access care in traditional settings. Security Health Plan, our health insurance plan which Marshfield Clinic solely sponsors, covers approximately 150,000 lives including 25,000 soon to be 40,000 individuals in the Managed Medical Assistance/BadgerCare program partnering with the State of Wisconsin to provide high quality health care for low income individuals. Approximately 15,270 SHP members are smokers. Medical expenditures in 2007 approximated 11% of total expenditures by SHP and were directed to smoking related illnesses costs born by smokers and nonsmokers alike. Security Health Plan actively encourages smoking cessation for its enrollees through counseling, medication or both and pays approximately \$50,000 a month towards the cost of these treatments for individuals to assist them to quit smoking.

## **Second Hand Smoke—Health Consequences**

### **Disability/Death**

- Tobacco use is the single most avoidable cause of disease, disability, and death in the United States.
- Approximately 438,000 people die annually from smoking related illnesses; of those 124,000 die from cancer, 87,000 from coronary artery disease, and 91,000 from chronic lung disease.
- 8.6 million Americans have a serious illness caused by smoking.

### **Health Care Costs-US**

- \$75 billion in medical expenses annually.
- \$92 billion economic costs (lost productivity).
- \$2billion smoking related health care costs in WI

### **Smoking Attributable Tumors or Cancers**

Lung, trachea, oropharynx, larynx, esophagus, stomach, pancreas, cervix, genitourinary tract, and acute myeloid leukemia.

### **Lung Cancer**

- Represents 15% of all cancers.
- Leading cause of cancer deaths.
- In US 29% of all cancer deaths.
- Tobacco responsible for 90% of cases.

### **Wisconsin Lung Cancer Statistics**

- 3930 estimated cases in 2007.
- 2890 estimated deaths in 2007.
- 10% of lung cancers occur in never-smokers (up to 20% of females).
- 6<sup>th</sup> most common cause of cancer deaths.
- Environmental Tobacco Smoke (ETS) - secondhand smoke and radon are the two major contributing causes for the development of lung cancer in nonsmokers.
- Secondhand smoke contains more than 250 toxic chemicals and more than 50 known carcinogens.
- Some carcinogens include benzene, vinyl chloride, arsenic, chromium, and cadmium.
- Secondhand smoke or Environmental Tobacco Smoke is a designated human carcinogen and designated occupational carcinogen.

### **Annual Health Impact of Environmental Tobacco Smoke in the US**

- 3000 lung cancer deaths.
- 35,000 deaths from coronary artery disease.
- 150,000 to 300,000 children less than 18 months of age with respiratory disease.
- No risk free level - only method to protect nonsmokers:
  - Eliminating smoking in indoor spaces.

- Separating smokers, cleaning the air or ventilating buildings does not eliminate exposure, may actually increase it (Surgeon General Report 2007).

### **Coronary Heart Disease**

- Leading cause of death in United States.
- Totaling 861,000 or 35% of all deaths in U.S. in 2005.
- In 2008, 770,000 Americans will have a major coronary heart disease event.
- Exposure to ETS increases the risk of developing Coronary Heart Disease by 25% to 30% among nonsmokers.
- Brief exposure to ETS increases the immediate risk of an acute heart attack or cardiac arrest due to pathologic mechanisms in the heart's circulation that are caused by secondhand smoke.
- Banning smoking in public places is necessary because physical separation within a building, conventional air filter systems, and routine operation of ventilation systems can actually distribute ETS throughout buildings.

Marshfield Clinic supports AB 834/Smoke Free Public Buildings because:

1. Marshfield Clinic recognizes the individual health and public health benefits of smoke free public environments.
2. Marshfield Clinic recognizes that uniform standards consistent across the state will avoid a patchwork of local ordinances that vary in what is and what is not exempted.
3. Marshfield Clinic recognizes there are potential economic pitfalls with smoke free legislation; however, evidence to date from a number of studies does not support this contention.
4. Marshfield Clinic as a major Wisconsin health care system must endorse smoke free legislation at the state level because it is a patient safety and public health issue. We are advocating on behalf of our patients young and old and those with chronic disease including asthma, heart disease, vascular disease and cancer. When only 22% of Wisconsin adults smoke, health care must advocate for those who do not, the other 78% of our citizens.
5. The Surgeon General's Report of June 2006 brought additional data underscoring the adverse public health impact of secondhand smoke for children and for adults. We can no longer ignore the fundamental health consequences of smoking, direct and secondhand.

### **In Summary**

Marshfield Clinic supports AB 834, statewide ban on smoking in public places including restaurants and taverns to align us with Minnesota and Illinois so that consistency within Wisconsin and surrounding border states will occur.

Thank you for allowing me to testify and I would be glad to entertain questions.



Testimony of Heather Betsinger in favor of Assembly Bill 834

Chairman Hines and members of the committee, my name is Heather Betsinger. I live in Onalaska and am a member of the LaCrosse County SAFE (Smoke-free Air For Everyone) Coalition. I am writing today to ask you for your support of AB 834.

Two days after Christmas 2006, I was diagnosed with non small cell lung cancer in my left lung. I had just turned 30 and had just spent a wonderful holiday with my daughter, age 6, and my son, age 3. I should also mention I have been a lifelong non-smoker, but I grew up in a household with smoking parents and surrounded by smokers at all family functions. I also worked as a waitress/hostess/bartender through high school and college and numerous bar & grill establishments, surrounded by smokers. Maybe it was my own fault for choosing to work in those environments, but since I had been a lifelong non-smoker and was in good shape and didn't have a family history of lung cancer, I considered myself "safe" from the risks of cancer. This was also ten years or more ago, when society wasn't quite as informed of the dangers of secondhand smoke as we are now.

I spent most of 2007 doing radiation and chemotherapy treatments. I missed work. I missed out on family functions, parent/teacher conferences, birthday parties for my children, weddings, etc. because I was too sick or too tired to attend. But it was the simple things I missed most. Like putting my kids to bed at night and sitting at the dinner table to eat with them instead of lying on the bathroom floor.

I endured weight loss, mouth sores, vomiting, and all-over body pains & aches for about 6 months...but I am one of the lucky ones because I survived it. In December of 2007, I was given the "all clear" sign from my doctor, and now return for 6-month rechecks. More than one of the physicians I have seen in the last year or so has told me flat out, "If you hadn't been exposed to all of that secondhand smoke, you would probably not have endured the disease."

My son, now age 4, has asthma. It is up to me as his mother to protect him from secondhand smoke, which makes his asthma flare up terribly. He can't speak up for himself when we're out to eat and someone in the "smoking" section lights up a cigarette and he starts to cough and turn red in the face. He can't speak for himself when we decide to go bowling—one of his favorite things in the world to do—and an entire group of smokers on the next lane over light up, and we have to leave because my son can't breathe properly.

Smokers say to me, "you can't even imagine how hard it is to try to quit smoking. It's a horrible addiction." I guess I can't believe that. But my response to them is, "no, I can't imagine trying to quit smoking. But I do know what it's like to be told you may or may not make it out alive after chemotherapy. And I do know what it's like to miss work and see my medical bills mount into the hundreds of thousands and worry about how to pay for the things that insurance won't. And I do know what it's like to not be able to eat because I'm nauseated and the mouth sores hurt so bad. And I do know what it's like to watch my children come into the bathroom to see if I'm all right because they can hear me throwing up from down the hall. And I know the sheer and utter relief of being told I have just completed my last chemotherapy treatment and do not need to come back for six months. I think if I can endure all of that, someone can endure the trials of quitting nicotine. Smokers are offered many aids to help them quit and make it more successful—patches, gum, pills, counseling, hypnotherapy, etc. Cancer patients almost always suffer—and there is no magic gum or patch to get us over the symptoms."

This ban needs to happen NOW. This can not happen to another 30-year-old mother, or another 60-year-old, for that matter. We need to protect our workers, our families, our CHILDREN from cancer and all of the other illnesses related to smoking and secondhand smoke. Wisconsin is behind you—the majority of our great state wants this ban to happen NOW. We deserve it. It is our right to be healthy. It is my son's right to be able to breathe. It is a smoker's right to smoke cigarettes—but his right to smoke ends when it interferes with my son's ability to breathe, and my ability to stay cancer-free.



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***SSM Health Care of Wisconsin***

**Testimony of Dr. Frank Byrne, St. Mary's Hospital (Madison), supporting Assembly Bill 834.**

Good afternoon, Chairman Hines and members of the Assembly Committee on Public Health. Thank you for the opportunity to express our strong support for Assembly Bill 834 (AB 834).

I am Dr. Frank Byrne, President of St. Mary's Hospital here in Madison. I am here today representing all of the health care providers and facilities of SSM Health Care of Wisconsin, which includes St. Clare Hospital and Health Services in Baraboo.

SSM Health Care, the first health care organization to win the Malcolm Baldrige National Quality Award, owns, operates or is affiliated with hospitals and nursing homes throughout southern Wisconsin. We are a nonprofit, Catholic system that cares for all patients who come through our doors regardless of their ability to pay.

In 2004, SSM Health Care became one of the largest systems in the nation to "go smoke free". This means no smoking is allowed on our campuses, by employees, patients or their families. While this creates challenges, there is no doubt it is the healthy thing to do. We are health care providers. Our mission is improving care. We believe our smoke free policy is leading by example. Beyond that, it is simply the right thing to do, for our employees, for our patients and for their families. It is also the right thing for Wisconsin to do.

You will hear many statistics today, on both sides of the discussion. Please let me reference just two of them: First, the National Cancer Institute estimates that secondhand smoke causes 3,000 deaths annually from lung cancer and over 35,000 deaths every year from ischemic heart disease. In plain terms, these people die as a result of the unhealthy actions of others. Second, waiters and waitresses have four times the rate of lung cancer than the rest of the population. While we are sympathetic to the concerns of small business owners, it is inexcusable to place employees at such a risk when proposals such as AB 834 can reduce this risk while providing businesses with a level playing field.

Many of you are rightfully concerned about government interference in the day-to-day operations of business. As a health care provider, I am quite familiar with government regulation! However, as Oliver Wendell Holmes, Jr., once said, "The right to swing my fist ends where the other man's nose begins." To paraphrase, the right to expose our state's workforce to secondhand smoke ends where their lungs begin.

While I am a hospital president, I am first and foremost a physician. My specialty is pulmonary and critical care medicine, so I am acutely aware of the devastating personal impact of smoking and secondhand smoke. I had the professional duty and sacred privilege of serving as physician to hundreds of patients who had their lives shortened and quality of life diminished by diseases

such as lung cancer, emphysema, and heart disease because at some point in their life they chose to smoke, and scores of adolescents and adults with asthma whose capabilities were impaired because of exposure to secondhand smoke in the workplace or home.

These impacts are often borne by our children. According to the National Cancer Institute, exposure to secondhand smoke results in 10,000 cases of low birth weight, 2,000 cases of Sudden Infant Death Syndrome (SIDS) and more than 8,000 new cases of asthma annually. First and foremost, these health issues are personal tragedies. In addition, they impose a huge cost to our society and our business community.

For example, the Society of Actuaries has determined that secondhand smoke cost the U.S. economy nearly \$10 BILLION annually: \$5 billion in medical costs associated with exposure to secondhand smoke and an additional \$4.6 billion in lost wages. Beyond the health costs and wages, let's look at the loss of productivity; the U.S. Centers of Disease Control and Prevention estimate that smoking and secondhand smoke cost \$92 BILLION in productivity losses annually.

Additionally, all of these health care costs are a drain on the broader health care system, consuming clinician, staff and financial resources that could be better directed toward wellness and preventive care. If our nation is ever truly going to control health care costs, this is where much of that savings will originate. This will not be possible until we make societal and cultural changes that create healthier environments and make it easier to avoid obvious deadly and costly health hazards, such as secondhand smoke.

Thus, even as we try to address the legitimate concerns of some small businesses, we must look at the other side of this discussion as I have just described. I help lead a hospital. I am quite familiar with government regulation, and I don't always like it. But from a fundamental conservative perspective, government policy should be driven toward the basic goals of protecting public health and safety.

AB 834 follows this directive and makes a bold, substantive step toward improving the health of our state's workforce. I would like to thank Representatives Wieckert and Richards, Senators Risser and Roessler and the other bill sponsors for their leadership on this issue. We encourage the Committee's support of this bill.

Thank you again for the opportunity to comment on this important legislation. If you have questions or would like additional information, please contact me, or Michael Heifetz, our Vice President for Governmental Affairs, at (608) 250-1225.



My name is Marty Adams. I am a Public Health Sanitarian for Brown County Health Department. A Sanitarian is a specialist who evaluates environmental conditions in a variety of situations. I spend most of my time in licensed retail food stores, restaurants and bars near Lambeau Field. I am speaking today not to tell you about the 5,000 people that die from food-borne illnesses in the United States after eating contaminated food. I wish to tell you about that 53,000 people die from second-hand smoke each year due to the environment they live or work in, and I am potentially one of them. I have never lived in a home or apartment that had a smoker, however I work in restaurants, bars and other public work places that allow smoking every day. I have spoken to my employer about secondhand smoke and nothing has been done. I have had County residents call me about the excessive smoke from outdoor burning wood furnaces and even next door neighbors who smoke. I have been able to use existing laws to remediate these issues. There is, however, no law on secondhand smoke in Brown County for workplaces for all employees. Based on my experience, I believe our legislators must vote to change Wisconsin to a smoke-free workplace for everyone, which must include restaurants and bars.

Many days I go home with headaches from secondhand smoke from working in restaurants and bars that allow smoking. My wife and children often complain about the stench from my clothes and coat after a days work. Often my clothes go in the washing machine and my coat must go to be hung on the porch to remove the odor or my family ends up with headaches. I know that these headaches are caused by the smoke. The medical field has proven that smoking causes strokes, heart attacks and other medical conditions such as asthma. The headaches are due to the blood vessel constriction, or narrowing from the smoke. My health and the health of others is very important to me.

My life and the lives of others who are exposed to secondhand smoke has been and will continue to be shortened by exposure to secondhand smoke. It is time for a change! Sanitarians must go into bars, restaurants and retail food stores to assess the environment for serving food to the public. Secondhand smoke is an occupational hazard that is totally preventable. Everybody in my office – 5 Sanitarians are in support of the smoke-free workplace, SB 150 Bill.

All five live in smoke-free homes, yet are exposed to secondhand smoke on a daily basis in bars and restaurants. I have spoken with the restaurant employees who are also exposed to secondhand smoke who have the same health concerns. My occupation, however, does not allow me to go next door and work in a smoke-free environment;

SOMEONE MUST go in to license and inspect these businesses. My livelihood is from using my college education and state license. Over a four year period, I have invested \$50-60,000 to get a college education. An additional two years of on the job training was needed to become a Registered Sanitarian. My health and my ability to earn a living is being reduced by secondhand smoke. If I don't do the job, someone else will. Should anyone have to be exposed to tobacco smoke with the information we have today?

The Surgeon General has stated that there is no safe level of secondhand smoke exposure. The thousands of people who died prematurely due to smoking and secondhand smoke can be drastically reduced. The millions of dollars spent on health care can be reduced by eliminating secondhand smoke. This will cut my taxes and save people's lives.

My daughter turned 14 on Monday...her first Christmas Eve we spent in the Emergency room due to secondhand smoke at my wife's uncle's home. After several weeks of medication to correct the irritated lungs, she recovered. She now takes an over the counter asthma medication and is susceptible to respiratory problems. We have not been back there since. My wife's aunt is now disabled. She has been in a nursing home but still smoked 2 packs per day. She and her husband have both finally given up smoking in the last year due to major health problems for both of them. They are both in their early 50's and have had strokes, heart attacks and respiratory problems. Should the public be exposed to toxic smoke that is proven to cause health problems?

In random air quality tests done in bars and restaurants in Wisconsin, the air quality in some facilities is horrible. The EPA has set the particulate matter for a 24 hour period at 35 micrograms/M3 Bars have tested over 500 micrograms/M3 from tobacco smoke.

Because the toxic pollution is contained on the property of the property owner and employees don't complain, these businesses are exempt. In reality all of us are paying for additional health care costs due to the poor air quality. Scientific studies have found an association between exposure to particulate matter and significant health problems. Those health problems are aggravated asthma, chronic bronchitis, reduced lung function, irregular heartbeat, heart attack, and premature death in people with heart or lung disease. This is my concern for myself, my family and the public. This must be stopped as soon as possible in all workplaces in Wisconsin. In conclusion, no one should need to work in a smoke-filled environment. People will continue to eat and drink in bars, restaurants and other workplaces without smoke. I know they will. The best policy and the only policy that makes any sense is a smoke-free workplace policy for everyone!

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